

**NEW YORK STATE MEDICAID PROGRAM
PROTON PUMP INHIBITOR (PPI) PRIOR AUTHORIZATION REQUEST
PHARMACY WORKSHEET**

Prior Authorization Call Line 1-877-309-9493

Prescription Proton Pump Inhibitors (PPI) must be prior authorized effective October 3, 2005. **Generic prescription/OTC gastric acid reducers do not require prior authorization.** A voice interactive call line is utilized to obtain prior authorization when appropriate.

Drugs NOT Requiring Prior Authorization	Status
omeprazole magnesium (Prilosec OTC)	No Prior Authorization
Other Gastric Acid Reducers Including: cimetidine (Tagamet) famotidine (Pepcid) ranitidine (Zantac) nizatidine (Axid)	No Prior Authorization
Drugs Requiring Prior Authorization	Effective October 3, 2005
All lansoprazole including Prevacid 15 mg., 30mg.	Prior Authorization Required
All prescription omeprazole including Prilosec 10mg., 20mg., 40mg.	Prior Authorization Required
All esomeprazole magnesium trihydrate including Nexium 20mg., 40mg.	Prior Authorization Required
All pantoprazole sodium including Protonix 20mg.	Prior Authorization Required
All rabeprazole sodium including Aciphex 20mg.	Prior Authorization Required

All prescription Proton Pump Inhibitors must be prior authorized effective October 3, 2005. The prescriber will obtain the prior authorization number and write it on the new prescription. Pharmacists must call the prior authorization call line to validate the prior authorization number for new prescriptions or the claim will not be paid.

Be prepared to respond to these questions when you call.

A. PRIOR AUTHORIZATION NUMBER (11 digits)	_____
B. CLIENT IDENTIFICATION NUMBER (2 letters, 5 numbers, 1 letter)	_____
C. PHARMACY MMIS PROVIDER IDENTIFICATION NUMBER	_____
D. PHARMACY CATEGORY OF SERVICE (COS) – (0161, 0441, 0288) Free-standing community pharmacies usually have a COS of 0441	_____
E. PHARMACY TELEPHONE NUMBER	(__ __ __) ____ - ____ Area Code
F. NDC (11 digits)	_____
G. QUANTITY (per fill)	_____
H. NUMBER OF REFILLS	_____

For billing questions, contact 1-800-343-9000.
For clinical concerns or policy questions, contact the
Pharmacy Policy and Operations Staff at (518) 486-3209.
INSTRUCTIONS ON REVERSE SIDE8/05

**NEW YORK STATE MEDICAID PROGRAM
PROTON PUMP INHIBITOR (PPI) PRIOR AUTHORIZATION REQUEST
PHARMACY INSTRUCTIONS**

Prior Authorization Call Line 1-877-309-9493

THE PRESCRIBER MUST INITIATE THE PRIOR AUTHORIZATION.

PHARMACY RESPONSIBILITY

- ♦ Call 1-877-309-9493 prior to dispensing - information can be entered either by voice or by using the phone keypad.
- ♦ Choose option '9 Other Drugs' and you will be prompted to select for Proton Pump Inhibitors (PPIs).
- ♦ Choose option '6' for Pharmacy.

- A. PRIOR AUTHORIZATION NUMBER:** Enter the 11 digit prior authorization number.

- B. CLIENT IDENTIFICATION NUMBER:** Enter the client identification number.
(2 letters, 5 numbers, 1 letter)

- C. PHARMACY PROVIDER IDENTIFICATION NUMBER:** Enter your eight-digit Medicaid number.

- D. PHARMACY CATEGORY OF SERVICE:** Enter category of service (COS).
Free-standing community pharmacies usually have a COS of 0441.

- E. PHARMACY TELEPHONE NUMBER:** Enter your ten-digit telephone number (area code/number).

- F. NDC:** Enter the 11-digit NDC of the drug you are dispensing.

- G. QUANTITY:** Enter the whole number quantity of a single fill.

- H. NUMBER OF REFILLS:** Enter the number of refills ordered.

- ♦ You will hear a message that you have authorization to dispense the drug.
- ♦ Pharmacists may enter multiple prior authorizations during one telephone call.
- ♦ Use the same prior authorization number on claims for refills - you do not need to call the prior authorization line again for refills of this prescription.

SUBMITTING A CLAIM

- ♦ After the prior authorization is complete, there will be a slight delay while the information is transmitted to our fiscal agent. Until that transfer occurs, the prescription cannot be adjudicated online. We recommend you wait approximately two minutes before you begin your electronic claim submission.

- ♦ When billing a prescription electronically, the prior authorization number must be entered into the prior authorization code field.

- ♦ No more than two claims requiring prior authorization numbers can be submitted for payment in one claim's transmission. Refer to the ProDUR/ECC Provider Manual for complete instructions.

- ♦ Prior authorization does not guarantee payment. Payment is subject to patient eligibility and other Medicaid guidelines.

- ♦ Technical questions regarding electronic on-line claims adjudication, please call 1-800-343-9000.

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